SELF SERVICE CENTER

PROCEDURES: HOW TO SERVE COURT PAPERS BY SHERIFF

STEP 1: GO.

Contact the Sheriff's Office in the county where the other party lives. Bring your court papers with you or send a copy of the court papers to the Sheriff's Office if the other party does not live in the same county as you do. The Sheriff's Office in Maricopa County is located in the Superior Court of Arizona in Maricopa County, Central Court Building in downtown Phoenix.

The Sheriff's Office - East of the Clerk's office 201 West Jefferson Street Central Court Building Phoenix, Arizona 85003 (602) 256-1835

Notice: There is a filing fee for all Petitions, Complaints, Answers and Responses and there are Service Fees. You may request a Deferral of the filing fees (and the Sheriff's Service Fees if you intend to use the Sheriff's Office in Maricopa County for service) at the time you file your papers with the Clerk of the Court.

STEP 2: WRITE.

Fill out the attached sheet for identifying the other party and bring:

- Other party's set of copies of the court papers (Petition and Notice of Hearing).
- A picture or a written physical description of the other party.
- A written description of the automobile the other party drives.
- The address where other party can be served.
- Certified Order Waiving/Deferring Fees, or a \$200.00 deposit fee -Cash/Money Order.

STEP 3: WAIT.

The Sheriff will mail you a copy of the Affidavit of Service after he or she serves the other party with the papers. (The Sheriff may also file these papers instead of sending them back to you.)

STEP 4: GO.

Go to your court hearing. Bring a copy of the Petition, Notice of Hearing, and Affidavit of Service from the Sheriff's Office.

DO NOT BRING CHILDREN TO COURT.

			()	(YOUR NAME)			
	(ADDRESS)						
	(CITY/STATE/ZIP)						
	(TELEPHONE NUMBER)						
	(TELEPHONE NOWBER)						
				(DATE)			
(COUNTY)					_ County Sh	eriff	
(ADDRESS)							
(CITY/STATE/	ZIP)						
	PERSON TO SE NUMBER						
	sed a copy c current addre				Please serve	these paper	rs on the other party.
(OTHER PART	Y'S NAME)						
(HOME ADDRESS)					(WORK AI	DDRESS)	
(HOME CITY/S	STATE/ZIP)				(WORK C	ITY/STATE,ZIP)
SEX	RACE	BIRTH	HGT.	WGT.	EYES	HAIR	SSN
	18102						3311
that each do	cument serve	ed be named	in the Affida	avit of Service).		e. The Court requires
				e, and a \$8.00 d for service v			d the difference o me. OR ,
☐ I als	so enclose a	certified copy	of the Orde	r for Deferral	of fees for S	ervice of Pro	ocess.
Thank you for	or your coope	eration in this	s matter.				
Enclosures				(YOUR SIGNA	ΓURE)		
© Superior Cou	urt of Arizona in	Maricopa Coun	ty				JV26p

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